



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

3155 Mail Service Center
Raleigh, North Carolina 27699-3155

APPLICATION FOR A HANDICAPPED PERSONALIZED LICENSE PLATE

The \$30.00 personalized fee is an (ANNUAL) fee due in addition to the regular license fee.

Remit a \$30.00 check or money order with this application—Annual Fee G.S. 20-79.7

Home

AREA CODE TELEPHONE NUMBER

Office

AREA CODE TELEPHONE NUMBER

NAME (To agree with certificate of title)			
_____	_____	_____	_____
FIRST		MIDDLE	
LAST			

ADDRESS			

CITY		STATE	
ZIP CODE			
Current North Carolina			
_____		_____	
PLATE NUMBER		VEHICLE IDENTIFICATION NUMBER	
_____		_____	
DRIVER LICENSE #		YEAR	MODEL
_____		MAKE	BODY STYLE
_____		_____	_____

use 1 to 6 spaces

**SHOW CHOICES
IN ORDER OF PREFERENCE**

1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

Your personalized plate choice may be selected from letter, number and character combinations not exceeding six spaces. See chart below for assistance.

Ampersand (&) counts as one space Number Sign (#) counts as one space Period (.) counts as 1/2 space Colon (:) counts as 1/2 space Double Quotes (" ") counts as two spaces Single Quote (') counts as one space	Apostrophe (') counts as 1/2 space Dash (-) counts as 1/2 space Question mark (?) counts as one space Comma (,) counts as 1/2 space Exclamation Point (!) counts as 1/2 space At Sign (@) counts as one space	Plus Sign (+) counts as one space Dollar Sign (\$) counts as one space Slant Line (/) counts as one space Equal Sign (=) counts as one space Asterisk (*) counts as one space
---	--	---

THIS APPLICATION MUST BE SIGNED BY YOU AND YOUR PHYSICIAN

G.S. 20-37.5 HANDICAPPED—definitions.—As used in this Article, handicapped shall mean: (1) any person who has an obvious physical disability that requires the use of a wheelchair, braces, walkers, or crutches, and those who have lost the use of one or both legs; or (2) any person who, as determined and certified by a physician, is severely restricted in mobility by a pulmonary or cardiovascular disability, arthritic condition, orthopedic or neurologic impairment; or (3) any person who is visually impaired as defined by G.S. 111-11, and certified by a licensed ophthalmologist, optometrist, or the Division of Services for the Blind. Any person who falls within these definitions of handicapped shall be allowed to park for unlimited periods in parking zones restricted as to the length of time parking is permitted. This section shall have no application to those zones or during times in which the stopping, parking or standing of all vehicles is prohibited or which are reserved for special types of vehicles. (G.S. 20-37.6)

I hereby apply for a handicapped personalized license plate under the above statutory provisions and certify that my physical condition entitles me to the issuance thereof.

(APPLICANT'S SIGNATURE) (DATE)

I hereby certify that the physical condition of the above named applicant constitutes the applicant a handicapped driver as defined above under statutory provisions G.S. 20-37.5 and G.S. 20-37.6.

(PHYSICIAN'S SIGNATURE) (DATE)

(These plates are issued from Raleigh Office only)